

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

ILLINOIS REPUBLICAN PARTY

ADDRESS (number and street) ▼

P.O. BOX 64897

☐ Check if different than previously reported. (ACC)

CHICAGO

IL

60664

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00005926

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
03 01 2014

through

M M M / D D D / Y Y Y Y Y Y
03 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JUDY DIEKELMAN

Signature of Treasurer

JUDY DIEKELMAN

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
05 20 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ILLINOIS REPUBLICAN PARTY

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 03 / 01 / 2014

To:

 M M / D D / Y Y Y Y
 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		71003.82
(b) Cash on Hand at Beginning of Reporting Period.....	87564.85	
(c) Total Receipts (from Line 19)	35326.08	126966.08
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	122890.93	197969.90
7. Total Disbursements (from Line 31)	53291.14	128370.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	69599.79	69599.79
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	234419.47	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ILLINOIS REPUBLICAN PARTY

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2014

To:

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date
11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

14500.00

83500.00

(ii) Unitemized

325.00

4965.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

14825.00

88465.00

(b) Political Party Committees

0.00

1500.00

(c) Other Political Committees

(such as PACs).....

600.00

6200.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

15425.00

96165.00

12. Transfers From Affiliated/Other

Party Committees.....

6950.00

17850.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

12951.08

12951.08

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

12951.08

12951.08

**19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶**

35326.08

126966.08

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

22375.00

114015.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	15511.82	25148.28
(ii) Non-Federal Share.....	13975.46	29193.60
(b) Other Federal Operating Expenditures	6222.67	13409.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	35709.95	67751.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	17581.19	60618.72
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	17581.19	60618.72
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	53291.14	128370.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39315.68	99176.51

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	15425.00	96165.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15425.00	96165.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	21734.49	38557.79
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	21734.49	38557.79

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 23

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. AMY FINDLAY

Mailing Address 2550 N. LAKEVIEW AVENUE

City State Zip Code
CHICAGO IL 60614

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 08 / 2014

Transaction ID : SA11AI.4503

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. JAKE FOLEY

Mailing Address 510 EAST 80TH STREET, APT PH

City State Zip Code
NEW YORK NY 10075

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOULIHAN LOKEY

Occupation

BANKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11AI.4488

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. MARC LEVINE

Mailing Address 905 GREENLEAF AVE.

City State Zip Code
WILMETTE IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHICAGO ASSET FUNDING LLC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 19 / 2014

Transaction ID : SA11AI.4490

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

9500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 23

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. CORINNE WOOD

Mailing Address 191 N MAYFLOWER ROAD

City

LAKE FOREST

State

IL

Zip Code

60045-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 29 / 2014

Transaction ID : SA11AI.4492

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

14500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 23

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. VOLUNTEERS FOR SHIMKUS

Mailing Address PO BOX 661

City
COLLINSVILLE

State Zip Code
IL 62234

FEC ID number of contributing
federal political committee.

C C00258855

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

03 / **01** / **2014**

Transaction ID : SA11C.4512

Amount of Each Receipt this Period

600.00

In-kind - RENT

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 23

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 1ST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003-1885

FEC ID number of contributing
federal political committee.

C

C00003418

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

17850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 04 / 2014

Transaction ID : SA12.4485

Amount of Each Receipt this Period

6950.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6950.00

6950.00

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. COLE TAYLOR BANK

Date of Disbursement

Transaction ID : SB21B.4458

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

295.06

Full Name (Last, First, Middle Initial)

B. DIRECT MAIL SYSTEMS

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2014

City	State	Zip Code
CLEARWATER	FL	33762

Transaction ID : SB21B.4466

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

5103.60

State: District:

Full Name (Last, First, Middle Initial)

C. EVENTBRITE

Date of Disbursement

Mailing Address 651 BRENNAN STREET

City	State	Zip Code
SAN FRANCISCO	CA	94107

Transaction ID : SB21B.4463

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

156.01

State: District:

SUBTOTAL of Disbursements This Page (optional).....

5554.67

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. PIRYX

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	17	/	2014

Mailing Address 144 2ND STREET
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type**Transaction ID : SB21B.4460**

Amount of Each Disbursement this Period

2.13

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. PIRYX

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	19	/	2014

Mailing Address 144 2ND STREET
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type**Transaction ID : SB21B.4461**

Amount of Each Disbursement this Period

63.75

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. PIRYX

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2014

Mailing Address 144 2ND STREET
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type**Transaction ID : SB21B.4459**

Amount of Each Disbursement this Period

1.06

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

66.94

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. PIRYX

Three credit cards are shown side-by-side. The first card has the number 03, the second has 24, and the third has 2014. Each card has a small logo in the top left corner consisting of two letters and a small square. The logos are M M, D D, and Y Y Y Y respectively.

Mailing Address 144 2ND STREET
1ST FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID : SB21B.4462

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	10
25-34	15
35-44	20
45-54	25
55-64	30
65-74	35
75-84	40
85+	1.06

Full Name (Last, First, Middle Initial)

B. VOLUNTEERS FOR SHIMKUS

Date of Disbursement

03 / 01 / 2014

Mailing Address PO BOX 661

City	State	Zip Code
COLLINSVILLE	IL	62234

Purpose of Disbursement
In-kind - RENT

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Transaction ID : SB21B.4513

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

601.06

6222.67

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. ADVANTAGE PAYROLL SERVICES

Mailing Address PO BOX 1330

City
AUBURNState
MEZip Code
04211Purpose of Disbursement
PAYROLL FEES AND TAXES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2014

Transaction ID : SB30B.4450

Amount of Each Disbursement this Period

2657.06

Full Name (Last, First, Middle Initial)

B. ADVANTAGE PAYROLL SERVICES

Mailing Address PO BOX 1330

City
AUBURNState
MEZip Code
04211Purpose of Disbursement
PAYROLL FEES AND TAXES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	28	/	2014

Transaction ID : SB30B.4451

Amount of Each Disbursement this Period

2647.88

Full Name (Last, First, Middle Initial)

C. ANDREW COLLINS

Mailing Address 308 S MAIN ST, #10

City
EDWARDSVILLEState
ILZip Code
62025Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2014

Transaction ID : SB30B.4452

Amount of Each Disbursement this Period

1262.46

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6567.40

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. ANDREW COLLINS

Mailing Address 308 S MAIN ST, #10

City	State	Zip Code
EDWARDSVILLE	IL	62025

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	28	/	2014

Transaction ID : SB30B.4453

Amount of Each Disbursement this Period

1262.45

Full Name (Last, First, Middle Initial)

B. JAYME ODOM

Mailing Address 1401 S STATE ST APT 2111

City	State	Zip Code
CHICAGO	IL	60605

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2014

Transaction ID : SB30B.4456

Amount of Each Disbursement this Period

2615.58

Full Name (Last, First, Middle Initial)

C. JAYME ODOM

Mailing Address 1401 S STATE ST APT 2111

City	State	Zip Code
CHICAGO	IL	60605

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	28	/	2014

Transaction ID : SB30B.4457

Amount of Each Disbursement this Period

2615.58

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6493.61

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. ANDREW WELHOUSEMailing Address 303 S. HALSTED STREET
APT. 2

City CHICAGO State IL Zip Code 60661

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : SB30B.4454

Amount of Each Disbursement this Period

2260.09

Full Name (Last, First, Middle Initial)

B. ANDREW WELHOUSEMailing Address 303 S. HALSTED STREET
APT. 2

City CHICAGO State IL Zip Code 60661

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

Transaction ID : SB30B.4455

Amount of Each Disbursement this Period

2260.09

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4520.18

17581.19

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 16 OF 23

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AIRNET GROUP, INC.

Nature of Debt (Purpose):

VOLUNTEER PHONE MINUTES

Mailing Address 801 BROAD STREET

City State

CHATTANOOGA

Zip Code

TN

37402

Outstanding Balance Beginning This Period

49681.51

Transaction ID : SD10.4202

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

49681.51

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DIRECT MAIL SYSTEMS

Nature of Debt (Purpose):

DIRECT MAIL: PRINTING AND POSTAGE

Mailing Address 12450 AUTOMOBILE BLVD.

City State

CLEARWATER

Zip Code

FL

33762

Outstanding Balance Beginning This Period

7420.15

Transaction ID : SD10.4199

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7420.15

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FLS CONNECT, LLC

Nature of Debt (Purpose):

TELEMARKETING

Mailing Address 7300 HUDSON BLVD., N

City

SAINT PAUL

State

MN

Zip Code

55128

Outstanding Balance Beginning This Period

43348.00

Transaction ID : SD10.4210

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

43348.00

1) SUBTOTALS This Period This Page (optional)..... ►

100449.66

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

0.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 17 OF 23

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MAILFINANCE, NEOPOST USA

Nature of Debt (Purpose):
POSTAGE SYSTEM

Mailing Address 1335 VALWOOD PARKWAY, STE. 111

City State

CARROLLTON

Zip Code

TX

75006

Outstanding Balance Beginning This Period

5388.24

Transaction ID : SD10.4223

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5388.24

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MK 55 WEST INVESTOR, LLC

Nature of Debt (Purpose):
OFFICE RENT

Mailing Address 55 W. MONROE STREET

City State

CHICAGO

Zip Code

IL

60603

Outstanding Balance Beginning This Period

31083.36

Transaction ID : SD10.4219

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

31083.36

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

REVOLVIS CONSULTING, INC.

Nature of Debt (Purpose):
DIRECT MAIL: PRINTING AND POSTAGEMailing Address 400 FIRST STREET, SE
SUITE 200

City

WASHINGTON

State

DC

Zip Code

20003

Outstanding Balance Beginning This Period

45951.95

Transaction ID : SD10.4213

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

45951.95

1) SUBTOTALS This Period This Page (optional)..... ►

82423.55

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

0.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 18 OF 23

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

STAPLES

Nature of Debt (Purpose):
OFFICE SUPPLIES

Mailing Address 111 N. WABASH AVENUE

City State
CHICAGOZip Code
IL 60602

Outstanding Balance Beginning This Period

4246.26

Transaction ID : SD10.4208

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4246.26

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

STONERIDGE GROUP

Nature of Debt (Purpose):
WEB HOSTING

Mailing Address 4400 N. POINT PKWY, #190

City State
ALPHARETTAZip Code
GA 30022

Outstanding Balance Beginning This Period

5700.00

Transaction ID : SD10.4221

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5700.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

TARGETED CREATIVE COMMUNICATIONS, INC.

Nature of Debt (Purpose):
DIRECT MAIL: PRINTING AND POSTAGE

Mailing Address 106 S. COLUMBUS ST

City State Zip Code
ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

41600.00

Transaction ID : SD10.4204

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

41600.00

1) SUBTOTALS This Period This Page (optional)..... ►

51546.26

2) TOTALS This Period (last page this line number only)..... ►

234419.47

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

234419.47

SCHEDULE H2 (FEC Form 3X)**ALLOCATION RATIOS**

PAGE 19 OF 23

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER 3.19.14 Fundraising Event (03/19/2014) ACTIVITY IS: <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported Transaction ID : H2.4484	FEDERAL % <div>50.00 %</div>	NONFEDERAL % <div>50.00 %</div>
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div>	NONFEDERAL % <div></div>
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div>	NONFEDERAL % <div></div>
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div>	NONFEDERAL % <div></div>
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div>	NONFEDERAL % <div></div>
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div>	NONFEDERAL % <div></div>

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 20 OF 23

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
 ILLINOIS REPUBLICAN PARTY

NAME OF ACCOUNT
 ILLINOIS REPUBLICAN PARTY

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y
 03 / 26 / 2014

TOTAL AMOUNT TRANSFERRED

12951.08

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

9035.55

Transaction ID : H3.4486

ii) Generic Voter Drive

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) 2.25.14 Fundraising Event (02/25/2014)

3804.65

Transaction ID : H3.4486.0

b) Holiday Fundraiser (12/17/2013)

110.88

Transaction ID : H3.4486.1

c) Total Amount Transferred For Direct Fundraising

3915.53

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

9035.55

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

3915.53

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred).....

12951.08

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 21 OF 23

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) WEST BEND MUTUAL INSURANCE			Transaction ID : H4.4464			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 188 W INDUSTRIAL DRIVE SUITE 430								
City ELMHURST		State IL		Zip Code 60126				
Purpose of Disbursement: INSURANCE					001		Allocated Activity or Event Year-To-Date 17250.37	
Activity or Event Identifier: Administrative					Category/ Type		Date 03 / 24 / 2014	
FEDERAL SHARE			+			NONFEDERAL SHARE		
91.23						343.18		
						=		
						TOTAL AMOUNT		
						434.41		

B. Full Name (Last, First, Middle Initial) THE HEARN COMPANY			Transaction ID : H4.4465			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 55 W MONROE STREET Suite 3925								
City CHICAGO		State IL		Zip Code 60603				
Purpose of Disbursement: RENT					001		Allocated Activity or Event Year-To-Date 21250.37	
Activity or Event Identifier: Administrative					Category/ Type		Date 03 / 28 / 2014	
FEDERAL SHARE			+			NONFEDERAL SHARE		
840.00						3160.00		
						=		
						TOTAL AMOUNT		
						4000.00		

C. Full Name (Last, First, Middle Initial) NORTH SHORE PRINTERS			Transaction ID : H4.4469			Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 535 SOUTH SHERIDAN ROAD								
City WAUKEGAN		State IL		Zip Code 60085				
Purpose of Disbursement: PRINTING AND POSTAGE - INVITES					003		Allocated Activity or Event Year-To-Date 12679.57	
Activity or Event Identifier: 2.25.14 Fundraising Event(02/25/2014)					Category/ Type		Date 03 / 10 / 2014	
FEDERAL SHARE			+			NONFEDERAL SHARE		
1783.68						1140.39		
						=		
						TOTAL AMOUNT		
						2924.07		

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2714.91		4643.57		7358.48

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 22 OF 23

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) UNION LEAGUE CLUB		Transaction ID : H4.4471		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 65 W JACKSON BOULEVARD					
City CHICAGO	State IL	Zip Code 60604			
Purpose of Disbursement: FACILITY RENTAL & CATERING SERVICES		003		Allocated Activity or Event Year-To-Date 28229.62	
Activity or Event Identifier: 2.25.14 Fundraising Event(02/25/2014)		Category/ Type		Date 03 / 10 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
9485.53			6064.52		15550.05

B. Full Name (Last, First, Middle Initial) JAMES THOMPSON		Transaction ID : H4.4467		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 5165 OAK HILL ROAD					
City ROCKFORD	State IL	Zip Code 61109			
Purpose of Disbursement: DONOR MOMENTO		003		Allocated Activity or Event Year-To-Date 28429.62	
Activity or Event Identifier: 2.25.14 Fundraising Event(02/25/2014)		Category/ Type		Date 03 / 19 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
122.00			78.00		200.00

C. Full Name (Last, First, Middle Initial) UNION LEAGUE CLUB		Transaction ID : H4.4478		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 65 W JACKSON BOULEVARD					
City CHICAGO	State IL	Zip Code 60604			
Purpose of Disbursement: FACILITY RENTAL & CATERING SERVICES		003		Allocated Activity or Event Year-To-Date 3406.25	
Activity or Event Identifier: 3.19.14 Fundraising Event(03/19/2014)		Category/ Type		Date 03 / 14 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
1703.13			1703.12		3406.25

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11310.66		7845.64		19156.30

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 23 OF 23

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) UNION LEAGUE CLUB		Transaction ID : H4.4479		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 65 W JACKSON BOULEVARD				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60604		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: FACILITY RENTAL & CATERING SERVICES		003		Allocated Activity or Event Year-To-Date 6378.75	
Activity or Event Identifier: 3.19.14 Fundraising Event(03/19/2014)		Category/ Type		Date 03 / 18 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
1486.25			1486.25		2972.50

B. Full Name (Last, First, Middle Initial)				Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement:				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:		Category/ Type		Date	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)				Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement:				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:		Category/ Type		Date	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1486.25		1486.25		2972.50

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
15511.82		13975.46		29487.28